

GE MasterCard Corporate Payment Services

Agency Travel Card

ALL INFORMATION REQUIRED

Please print clearly and completely. Incomplete applications can not be processed.

Cardholder's Name (First, Middle Initial, Last)	Social Security Number (Security Code) Use Agency Number followed by all 9's
Street Address	Business Phone Number ()
City, State, Zip Code	Agency Name
E-mail Address	Agency #

To be filled out by the Program Administrator

Standard Spending Authorization Parameters				
Credit Limits: _____ (*not to exceed \$5,000 w/o DOA approval)		Single Purchase Limits: _____ (*not to exceed \$5,000 w/o DOA approval)		
Hierarchy Level:				
Level 1: 03000		Level 2: _____		Level 3: _____
Program Administrator – Authorizing signature for card issuance				
Program Administrator Name (first, Middle Initial, Last)		Office Number (Area Code, Phone Number)		
<u>Email Address</u>		Fax Number		
Program Administrators Signature		Date Signed		
Internal Use Only				
Bank:	Agent:	Company:	Report Level 1:	Divisional Bill: